**HOTELBOOKING**

**!!! This form must be returned until 15.01.2016!!!**

**To: Gretchen Ewen and Siegfried Schöberl (Organizing Committee)** Unterer Kirchberg 3, 7100 Neusiedl am See / Austria

Phone: 0043 (0) 676 393 65 28 Fax: 0043 (0) 50 100 923 250 E-Mail: [schnubaer@aon.at](mailto:schnubaer@aon.at) or gretchen.ewen@ssz-burgenland-nord.at

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| Nation / Federation / Club | |  | | | | | | | | | |
| Single room | **Name** | | **First name** | | **Room is needed**  **suitable for wheelchairs** | | **Arrival** | | **Departure** | | **Number of nights** |
| 1 |  | |  | |  | |  | |  | |  |
| 2 |  | |  | |  | |  | |  | |  |
| 3 |  | |  | |  | |  | |  | |  |
| 4 |  | |  | |  | |  | |  | |  |
| 5 |  | |  | |  | |  | |  | |  |
| 6 |  | |  | |  | |  | |  | |  |
| 7 |  | |  | |  | |  | |  | |  |
| Double room | **Name** | | **First name** | | **Room is needed**  **Suitable for wheelchairs** | | **Arrival** | | **Departure** | | **Number of nights** |
| 1 |  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
| 2 |  | |  | |  | |  | |  | |  |
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| 3 |  | |  | |  | |  | |  | |  |
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| 4 |  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
| 5 |  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
| 6 |  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
| 7 |  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  |
| Triple room | **Name** | | | **First name** | **Room is needed**  **Suitable for wheelchairs** | **Arrival** | | **Departure** | | **Number of nights** | |
| 1 |  | | |  |  |  | |  | |  | |
|  | | |  |  |  | |  | |  | |
|  | | |  |  |  | |  | |  | |
| 2 |  | | |  |  |  | |  | |  | |
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|  | | |  |  |  | |  | |  | |
| 3 |  | | |  |  |  | |  | |  | |
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|  | | |  |  |  | |  | |  | |

**Date: Stamp / Signature:**